

# Application



Reavis High School District 220  
Seal of Biliteracy Assessment

## Student Information

Last Name	_____	Phone Number	_____
First Name	_____	Reavis Gmail	_____
Student ID	_____	Date of Birth	_____
Grade Level	_____		_____

The Illinois State Board of Education has approved the voluntary adoption by public schools of the Seal of Biliteracy for graduating seniors who demonstrate Intermediate-High or Advanced proficiency in English and an additional language. The ISBE also approved a Commendation of Biliteracy for students who achieve a level of Intermediate Low proficiency in a second language. Reavis Township District 220 is proud to offer both the Seal of Biliteracy and the Commendation of Biliteracy for our students.

**Please indicate below for which approved proficiency assessments you intend to provide documentation. Each student will need proof of both English proficiency AND at least one Additional Language proficiency.**

### Proof of English Proficiency: Please check one method for English proficiency.

<input type="checkbox"/>	AP English Language and Composition (Score of 4 or 5 requirement)
<input type="checkbox"/>	SAT (480 EBRW for Class of 2018; 540 EBRW for Class of 2019+)
<input type="checkbox"/>	ACT (21 Composite)
<input type="checkbox"/>	ACCESS (4.8 Composite)

### Proof of Additional Language Proficiency: Please check one method to support language proficiency

<input type="checkbox"/>	Online STAMP 4S Arabic (listening, speaking, reading, and writing) \$20
<input type="checkbox"/>	Online STAMP 4S Polish (listening, speaking, reading, and writing) \$20
<input type="checkbox"/>	Online STAMP 4S Spanish (listening, speaking, reading, and writing) \$20
<input type="checkbox"/>	AP Spanish Language Exam (Score of 4 or 5 requirement) (NO FEE: Fee paid as part of course fees.)

**Testing dates will be March 14 or 15 depending on the total number of students interested.**

- **Deadline for Application and Testing Fee:** This application and the \$20 cash payment is due to the Curriculum Office, Room 149, **by 3:00 p.m. on Tuesday, March 12.** Please see Ms. Frausto to submit your application and fee.
- **Refund Policy:** No refunds will be given if the student does not show up for the exam. If a student cancels at least 48 hours in advance, a refund will be provided.
- **Practice:** In order to learn more about the format of the test which assesses reading, writing, speaking, and listening, please go to <https://avantassessment.com/stamp4s> and click on "TAKE A SAMPLE TEST."

**Accommodations:** Please list specific accommodations if the student has an IEP or 504 Plan that calls for specific assessment accommodations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

#### For Office Purposes:

- Fee Received by \_\_\_\_\_
- Date \_\_\_\_\_
- Confirmation of English Proficiency